



City of Flagstaff
Parks and Recreation Division
2006 Fall Adult Volleyball Registration
Official Roster

PLEASE PRINT ALL INFORMATION CLEARLY. A minimum of six (6) players from your team is required for a complete roster.

LEAGUE SELECTION: Circle which league you are registering for:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
COED B	WOMEN'S B	MEN'S A	WOMEN'S A	COED D	COED C
COED E	WOMEN'S C	MEN'S B			
COED G		MEN'S C			

Previous League & Team Name: _____ Previous Year's Record: _____

Team Name: _____

PRIMARY CONTACT/MANAGER:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Home Phone: _____ Work Phone: _____

SECONDARY CONTACT:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Home Phone: _____ Work Phone: _____

TEAM ROSTER (Required: *First & Last Name*. Please include T-Shirt size. *Only 1st Place Team will receive*):

- | | (T-Shirt Size) | | (T-Shirt Size) |
|----------|----------------|-----------|----------------|
| 1. _____ | (____) | 7. _____ | (____) |
| 2. _____ | (____) | 8. _____ | (____) |
| 3. _____ | (____) | 9. _____ | (____) |
| 4. _____ | (____) | 10. _____ | (____) |
| 5. _____ | (____) | 11. _____ | (____) |
| 6. _____ | (____) | 12. _____ | (____) |

(please list any additional players on other side)